

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36772

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 5856 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Lemp</u>		c. CITY OR Sheridan TOWN <u>11302</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>11302</u>	

3. NAME OF DECEASED (Type or print) First <u>Norma</u> Middle <u>Maxine</u> Last <u>Ewart</u>		4. DATE OF DEATH Month <u>October</u> Day <u>24</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 7, 1928</u>
9. AGE (In years last birthday) <u>29</u>		10. IF UNDER 1 YEAR Months <u>29</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (City and state or country) <u>, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Willard W. Howes</u>		14. MOTHER'S MAIDEN NAME <u>Hazel Lucas</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>Carl Ewart - Sheridan, Missouri</u>		Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute renal failure</u> DUE TO (b) <u>Influenza with pneumonia</u> DUE TO (c) <u>480X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>48</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Past operations complete yesterday</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>10</u> a. m. <u>10</u> p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>Worth</u>		20f. COUNTY <u>Worth</u>	
20g. STATE <u>Missouri</u>		20h. DATE OF DEATH <u>10/24/57</u>	
21. I attended the deceased from <u>9/20/57</u> to <u>10/24/57</u> and last saw her alive on <u>10/23/57</u> Death occurred at <u>10/24/57</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>D. L. Dwyer M.D.</u>	
22a. DATE SIGNED <u>10/24/57</u>		22b. ADDRESS <u>Worth, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Oct. 27, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sheridan Cemetery</u>		23d. LOCATION (City, town, or county) <u>Sheridan, Missouri</u>	
24. FUNERAL DIRECTOR <u>B. L. Dwyer - 2 City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-1-57</u>	
26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Bill A. Dwyer

Licensed Embalmer No. 4

P. O. Address Grant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.